



# Incident Report

**Print Date/Time:** 04/27/2016 15:08  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00007261

**Incident Date/Time:** 4/18/2016 4:20:00 PM  
**Location:** MARKET PL / SR 9 NE  
LAKE STEVENS WA 98258  
**Phone Number:**  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 2  
**Status:** 2  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D3	SS0136-Shein
19D4	SS0138-Fiske

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HOLLY					
2	Reporting Party	WSP					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						ACH8503	
Involved Vehicle						B741YS	UT

## Disposition(s)

Disposition	Count
R	1

## Property

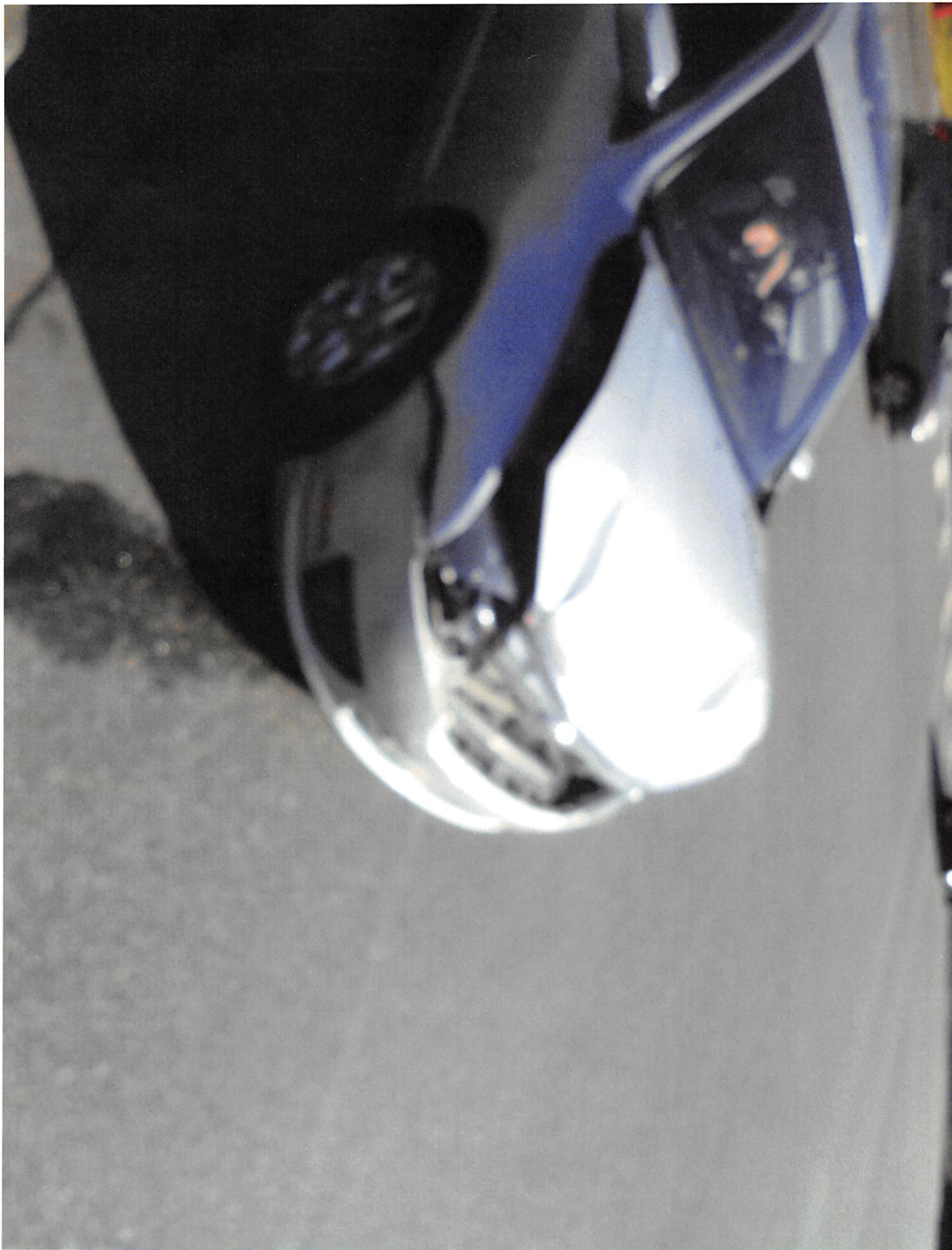
Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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04/18/2016 : 16:25:45 sp0355 Narrative: Narrative added from associated Call #: 854 - CC OCC ON MARKET, 2 CAR NON BLKING, NON INJ. SIL FORD FUSION, RED NISS MURANO

04/18/2016 : 16:23:11 SP0323 Narrative: WILL BE EAST OF SR 9, WSP DID NOT STOP, ENRT TO ANOTHER COL

04/18/2016 : 16:22:04 SP0323 Narrative: PC VS SUV

04/18/2016 : 16:21:39 SP0323 Narrative: ON MARKET PLACE IN FRONT OF TARGET, UNK INJ,















## 16-00007261, 041816 COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E535747**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00007261
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	04	-	18	-	2016		1630	31			S	W	OF	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
MARKET PL		BLOCK NO. <input checked="" type="checkbox"/> 9400
		MILE POST

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	SR9

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
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LAST NAME	MECHAM	FIRST NAME	HOLLY	MIDDLE INITIAL	A
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STREET NEW ADDRESS	10526 1ST PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MECHAHA237LG	STATE	WA	SEX	F	D.O.B. MMDDYYYY	06	-	07	-	1977
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B741YS	STATE	UT	VIN#	3FAHP0HA9AR356627
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	FORD	MODEL	FUSION	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	METROPOLITAN 9054628450
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
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LAST NAME	NISTOR	FIRST NAME	CARMEN	MIDDLE INITIAL	M
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STREET NEW ADDRESS	3709 68TH DR NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	NISTOCM303OD	STATE	WA	SEX	F	D.O.B. MMDDYYYY	09	-	04	-	1970
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ACH8503	STATE	WA	VIN#	JN8AZ08W56W532633
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2006	MAKE	NISS	MODEL	MURANO	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA0782344
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. SHEIN	BADGE OR ID #	0136	AGENCY	WA0311900
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E535747**CASE # **2016-00007261**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Unit 2 was stopped, facing westbound at the intersection of Market PI & SR-9 Lake Stevens. Unit 1 did not yield to Unit 2 and rear-ended Unit 2. Driver of Unit 2 said that vehicle in front of her stopped for a crossing pedestrian. Driver of Unit 1 said that Unit 2 was stopped even though the traffic signal light was green in color.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**G. SHEIN**
**04-18-16 06:27 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**R. BROOKS 0013**
**4/20/2016 2:18:44 PM**

BADGE OR ID #	<b>0136</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>4:30 PM</b>	TIME POLICE ARRIVED	<b>4:40 PM</b>
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REPORT NO. E535747

CASE # 2016-00007261

DATE AND TIME  
OF COLLISION 04/18/16 16:30

